

FILED DEC 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

392720

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1322

|  |  |                            |  |   |   |  |  |  |  |
|--|--|----------------------------|--|---|---|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY Buchanan  |  |                            |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before<br>a. STATE Missouri b. COUNTY Buchanan  |   |  |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Joseph  |  |                            | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                 |   | c. CITY OR TOWN St. Joseph                                    |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION 2312 Charles St.  |  |                            | Length of stay in lb<br>53 yrs   |   | d. STREET ADDRESS 2312 Charles St.                            |  |  | (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br>SARAH ELLEN (HELEN) HARRISON   |  |                            |  | 4. DATE OF DEATH<br>Month Day Year<br>Nov. 27 1957  |   |  |  |  |  |
| 5. SEX<br>Female   |  | 6. COLOR OR RACE<br>White  |  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> |   | 8. DATE OF BIRTH<br>Nov. 8, 1878                                     |  | 9. AGE (In years last birthday) 79<br>IF UNDER 1 YEAR: Months Days Hours Min.  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>At Home   |  |                            | 10b. KIND OF BUSINESS OR INDUSTRY<br>Home  |   | 11. BIRTHPLACE (City and state or country)<br>Graham Missouri |  |  | 12. CITIZEN OF WHAT COUNTRY?<br>U S A  |  |
| 13a. FATHER'S NAME<br>Albert Groves  |  |                            | 13b. MOTHER'S MAIDEN NAME<br>Ruth A Stowe  |   |   | 14. NAME OF HUSBAND OR WIFE<br>W.F. Harrison (deceased)              |  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>No   |  |                            | 16. SOCIAL SECURITY NO.<br>None  |   | 17. INFORMANT Address<br>Mrs. Marie Ketchum St. Joseph, Mo.   |  |  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Myocardial infarction.<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pneumonia.<br>DUE TO (c) Embolism of the liver.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>Cancer of the liver |  |                            |  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br>1 week<br>3 weeks                                |  |  |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |  |                            | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br>493X |   |   |  |  |  |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.  |  |                            |  |   |   |  |  |  |  |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  |                            | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)             |   |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE                            |  |  |  |
| 21. I attended the deceased from 10-16-57 to 11-27-57 and last saw her alive on 11-17-57<br>Death occurred at 6:15A m on the date stated above; and to the best of my knowledge, from the causes stated.   |  |                            |  |   |   |  |  |  |  |
| 22a. SIGNATURE (Degree or title)<br>Dr. Motherhead M.D.  |  |                            |  |   |   | 22b. ADDRESS<br>2603 Frederick                                       |  | 22c. DATE SIGNED<br>11-27-57   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  |  | 23b. DATE<br>Nov. 30, 1957 |  | 23c. NAME OF CEMETERY OR CREMATORY<br>Ashland Cemetery  |   | 23d. LOCATION (City, town, or county) (State)<br>St. Joseph Missouri |  |  |  |
| 24. FUNERAL DIRECTOR<br>Stamen Funeral Home  |  |                            | ADDRESS<br>St. Joseph, Mo.   |   | 25. DATE RECD. BY LOCAL REG.<br>Dec. 4, 1957                  |  | 26. REGISTRAR'S SIGNATURE<br>Mrs. Robert Fulton                                      |  |  |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4752

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.